CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

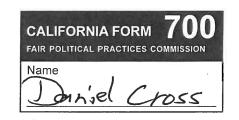
STATEMENT OF ECONOMIC INTEREST

AUG - 2 2018

COVER PAGE Please type or print in ink. NAME OF FILER (LAST) (FIRST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) ity of Lincely Division, Board, Department, District, if applicable Your Position itu Loune ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of _ ☐ Multi-County City of Lincoln Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/___ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is _ leaving office. December 31, 2017. O The period covered is ___ Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Date of Election 11-6-20 and office sought, if different than Part 1: Schedule Summary (must complete) > Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) DAYTIME TELEDUONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is frue and Date Signed Signaturé

(File the originally signed statement with your filing official.)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

| ▶ NAME OF SOURCE (Not an Acronym) | ► NAME OF SOURCE (Not an Acronym) |
|---|---|
| Dappes Invertients | ^ |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| Sacrarenta CA. | |
| CITY AND STATE | CITY AND STATE |
| Sacra Lento, CAO | <u> </u> |
| 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE | 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE(S): 7 22, 20, 00 AMT: \$ 20,00 | DATE(S): |
| ► MUST CHECK ONE: ☐ Gift -or- ☐ Income | ▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income |
| Made a Speech/Participated in a Panel | Made a Speech/Participated in a Panel |
| Other - Provide Description Lunch | Other - Provide Description |
| ► If Gift, Provide Travel Destination | ► If Gift, Provide Travel Destination |
| ► NAME OF SOURCE (Not an Acronym) | ▶ NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| CITY AND STATE | CITY AND STATE |
| 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE | 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| DATE(S):// | DATE(S):/ |
| ► MUST CHECK ONE: ☐ Gift -or- ☐ Income | ► MUST CHECK ONE: ☐ Gift -or- ☐ Income |
| Made a Speech/Participated in a Panel | Made a Speech/Participated in a Panel |
| Other - Provide Description | Other - Provide Description |
| ▶ If Gift, Provide Travel Destination | ► If Gift, Provide Travel Destination |
| | |
| | |